

# **Beyond the Bench XVIII**

## **Access and Fairness**

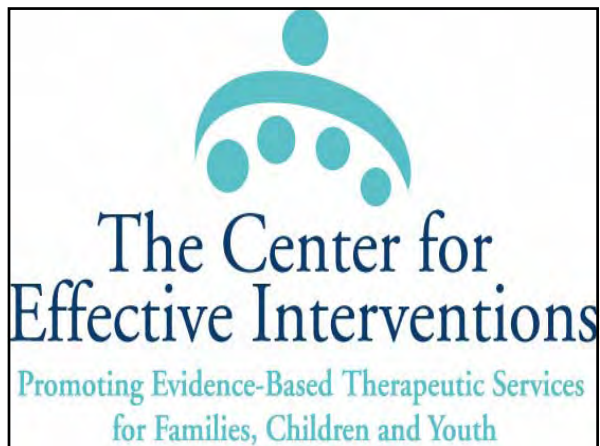
**December 12–14, 2007**  
**San Diego, California**

### ***Workshop III-B***

## **Overview of Multisystemic Therapy (MST)**

Contents:

- ❖ Evidence-Based Practice – Multisystemic Therapy [PowerPoint]



---

---

---

---

---

---

---

---



---

---

---

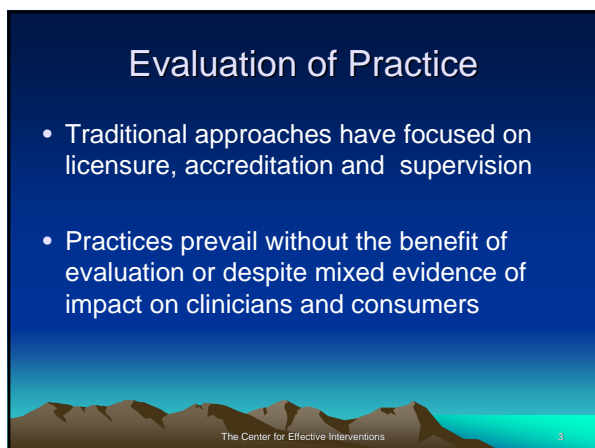
---

---

---

---

---



---

---

---

---

---

---

---

---

## Evaluation of Practice

- Worse yet, some interventions have been shown to be ineffective:
  - Boot Camps
  - Scared Straight
  - DARE
  - Individual and Group Therapy with certain populations
  - Milieu Therapy

The Center for Effective Interventions

4

---

---

---

---

---

---

---

## Traditional Consensus

- Nothing works
- Humans are too complex to hold interveners accountable for their impact

The Center for Effective Interventions

5

---

---

---

---

---

---

---

## Emerging Science Late 1980's-Early 1990's

- Internal Studies
  - Chamberlin (MTFC)
  - Henggeler, Borduin & Schoenwald (MST)
  - Alexander & Parsons (FFT)

The Center for Effective Interventions

6

---

---

---

---

---

---

---

## Validation of Science 1995-2005

- Blueprints
- Surgeon General's Report on MH (1999)
- Surgeon General's Report on Youth Violence (2001)
- Washington State Institute of Public Policy
- Borduin 13 Year MST Follow-Up

The Center for Effective Interventions

7

## Blueprints

- Evidence of deterrent effect on violence, delinquency and/or drug use, with strong research design – random assignment preferable
- Sustained effect – one year or longer
- Multiple site replication
- “Blueprint” vs. “Promising” Programs

The Center for Effective Interventions

8

	Preg/ Infan	Early Child	Elem Schl	Mid Schl	High Schl
Nurse Fam	X				
Incred Years		X	X		
BBBS			X	X	X
PATHS			X		
Bullying			X	X	
LST				X	
MPP				X	
MST				X	X
FFT				X	X
MTFC				X	X
TND					X

The Center for Effective Interventions

9

## Surgeon General Report on Youth Violence

- Researchers, youth service practitioners, and others have been actively engaged in designing, implementing, and evaluating a variety of interventions to reduce and prevent the occurrence of youth violence.

The Center for Effective Interventions

10

---

---

---

---

---

---

---

## One Example of an Evidence-Based Program:

### **Multisystemic Therapy (MST)**



---

---

---

---

---

---

---

## MST: Assumptions & Beliefs

- Children's behavior is strongly influenced by their families, friends and communities (and vice versa)
- Families are key to success
- Families can live successfully without formal, mandated services

The Center for Effective Interventions

12

---

---

---

---

---

---

---

## MST: Assumptions & Beliefs

- Change can occur quickly
- Professional treatment providers should be accountable for achieving outcomes
- Science/research can provide guidance

The Center for Effective Interventions

13

---

---

---

---

---

---

---

## MST Theoretical Assumptions

Based on Bronfenbrenner, Haley , and Minuchin

- Children and adolescents live in “ecologies” or systems that impact their behaviors in direct and indirect ways
- These influences act in both each directions (they are reciprocal and bi-directional)

The Center for Effective Interventions

14

---

---

---

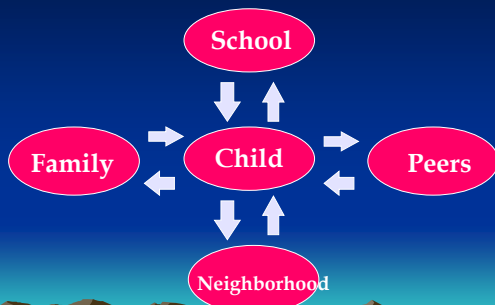
---

---

---

---

## Ecological Models



The Center for Effective Interventions

15

---

---

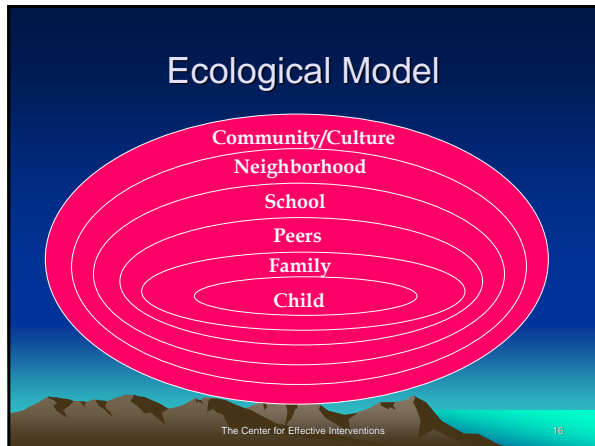
---

---

---

---

---




---

---

---

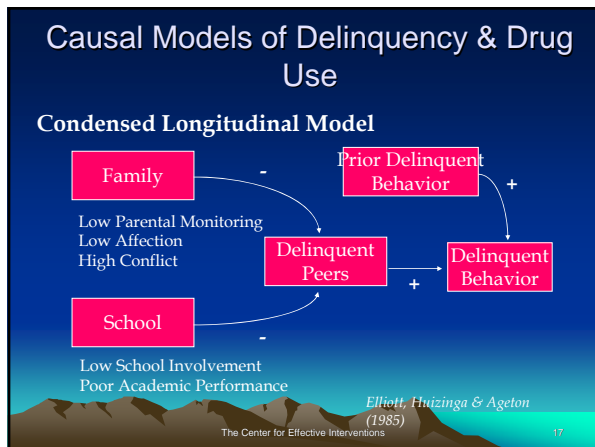
---

---

---

---

---




---

---

---

---

---

---

---

---

## How is MST implemented?

- Single Therapist working intensively with 4 to 6 families at a time
- 4 months is the typical treatment time
- Work is done in the community: home, school neighborhood, etc.

The Center for Effective Interventions 18

---

---

---

---

---

---

---

---

## How is MST implemented?

- MST staff take a “lead” role in clinical decision making for each case
- MST staff deliver all treatment
- 24/7 Availability

The Center for Effective Interventions

19

---

---

---

---

---

---

---

---

## MST Treatment Principles

- Nine principles of MST intervention design and implementation
- Treatment fidelity and adherence is measured in relation to these nine principles

The Center for Effective Interventions

20

---

---

---

---

---

---

---

---

## Principles of MST

- Assessments should help to understand the “fit” between the identified problems and their broader systemic context.
- Therapy contacts should emphasize the positive and use strengths as levers for change.
- Intervention efficacy is evaluated continuously from multiple perspectives

The Center for Effective Interventions

21

---

---

---

---

---

---

---

---

## Principles of MST

Interventions should:

- be present-focused and action-oriented targeting well-defined problems
- increase responsible behavior
- target sequences of interactions between and within multiple systems

The Center for Effective Interventions

22

---

---

---

---

---

---

---

---

## Principles of MST

- require daily or weekly effort by family members
- be developmentally appropriate
- be designed to promote treatment generalization and long-term maintenance

The Center for Effective Interventions

23

---

---

---

---

---

---

---

---

## MST Quality Assurance System

Elements of the MST Quality Assurance system:

- Structured training (orientation and booster)
- On-the-job training (weekly expert case review)

The Center for Effective Interventions

24

---

---

---

---

---

---

---

---

## MST Quality Assurance System

- Weekly supervision
- Development planning for all professionals
- Research-validated adherence technologies

The Center for Effective Interventions

25

---

---

---

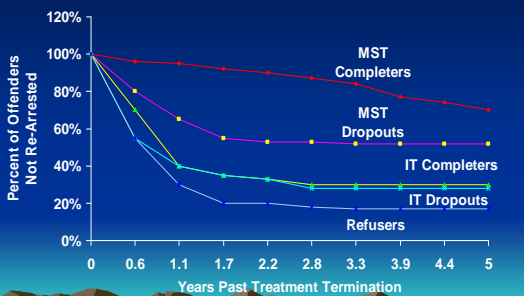
---

---

---

---

## Missouri Delinquency Project



The Center for Effective Interventions

26

---

---

---

---

---

---

---

## Second Follow Up: 13.7 Years After Treatment

- Attempted to locate all participants ( $N = 176$ ) who were randomly assigned to MST or individual therapy in clinical trial
- Successfully located 165 (94%) of the original participants

The Center for Effective Interventions

27

---

---

---

---

---

---

---

### Second Follow Up: 13.7 Years After Treatment

- Average age at follow-up: 28.8 years  
(range = 24 to 32 years)
- Outcomes examined: criminal recidivism,  
days incarcerated, and days on probation

The Center for Effective Interventions 28

---

---

---

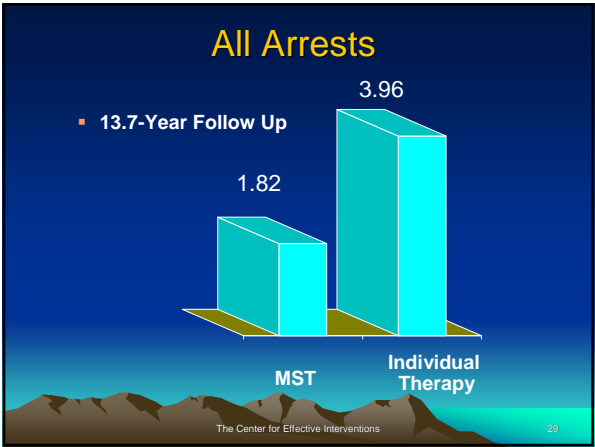
---

---

---

---

---



---

---

---

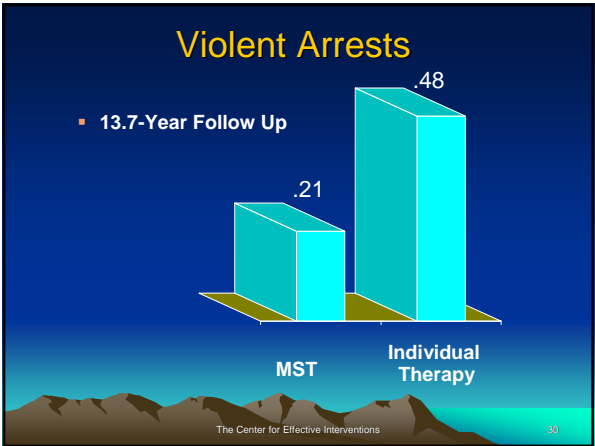
---

---

---

---

---



---

---

---

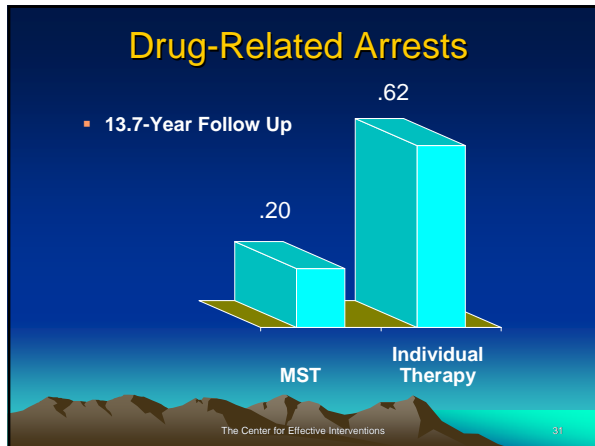
---

---

---

---

---




---

---

---

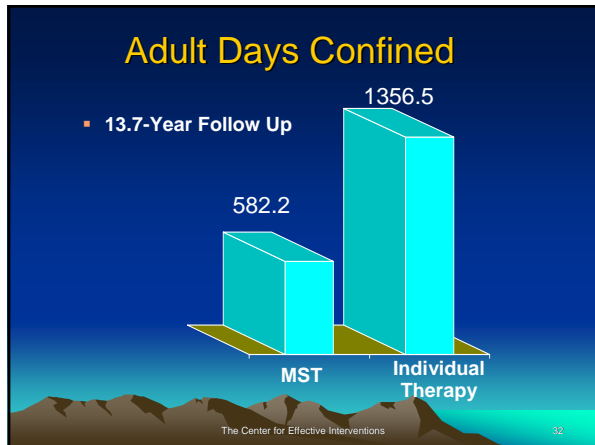
---

---

---

---

---




---

---

---

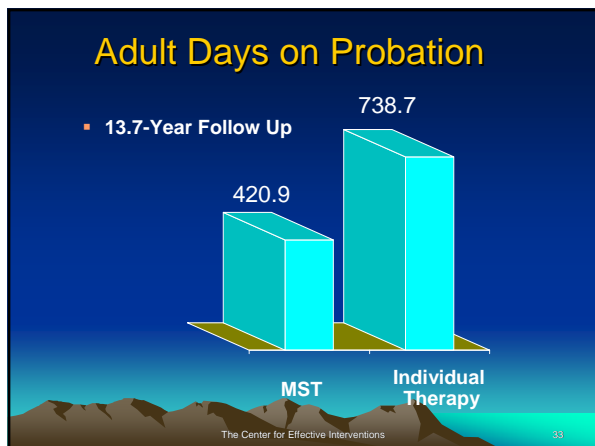
---

---

---

---

---




---

---

---

---

---

---

---

---

# Case Example

---

---

---

---

---

---

---

---

## Case Example: Victor

16 year old Lakota male

**Charges:** Marijuana Possession

**Dx:** Dysthymia r/o major depression  
Polysubstance dependence

**Family:** Substance Abuse  
Dropped out of high school  
Brother has Lakewood charges and substance dependence Dx

**Treatment Hx:**  
D/C ed from another home-based family therapy program, TASC seeking Residential

---

---

---

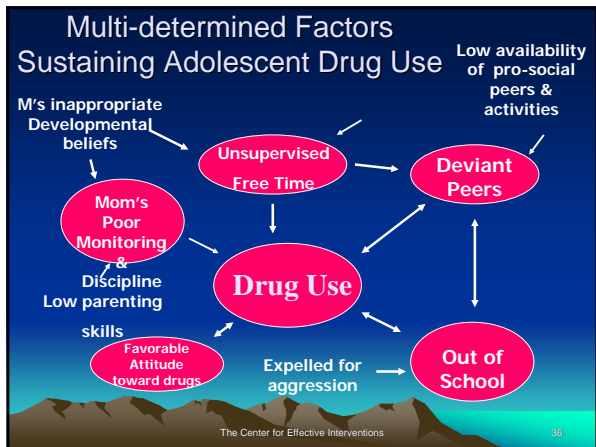
---

---

---

---

---




---

---

---

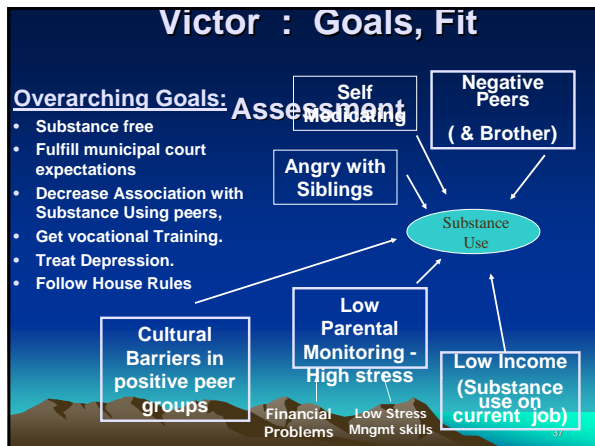
---

---

---

---

---




---

---

---

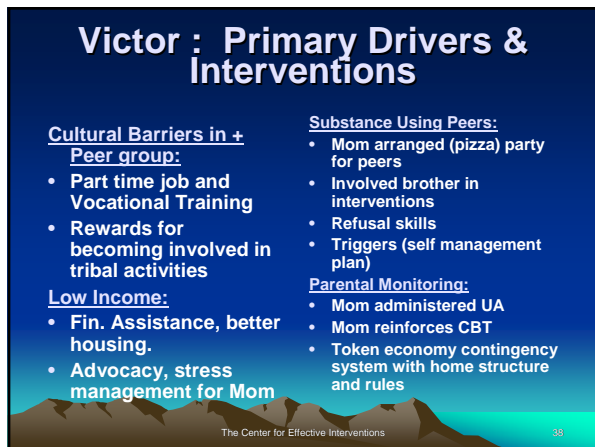
---

---

---

---

---




---

---

---

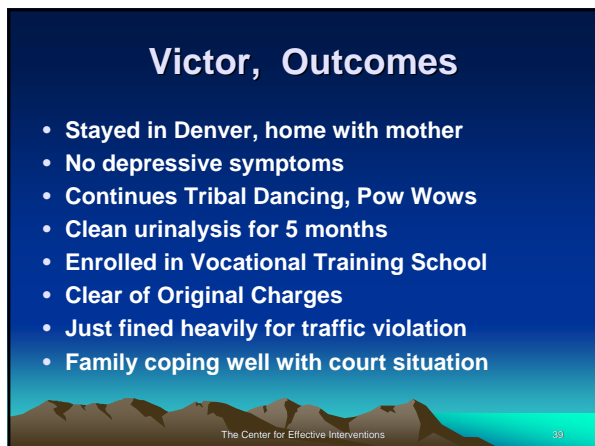
---

---

---

---

---




---

---

---

---

---

---

---

---

## Future Directions of MST with Serious and Violent Juvenile Offenders

1. More Comprehensive Follow-Up for Long-Term Outcomes (i.e., mental and physical health, educational attainment, employment status, marital and parent-child relations, child adjustment, health service utilization patterns)

The Center for Effective Interventions

40

---

---

---

---

---

---

---

---

## Future Directions of MST with Serious and Violent Juvenile Offenders

2. Comprehensive Evaluation of Long-Term Cost Savings and Cost Effectiveness of MST
3. Identify Subgroups (if any) for Whom MST is More or Less Effective (Colo NIMH Study)

The Center for Effective Interventions

41

---

---

---

---

---

---

---

---

## Meaning of Success

- For Parents at Risk of Abusing Children
- For Aggressive Latency Age Children
- For Delinquent Youth
- For Mentally Ill Adults
- Key is sustainable behavior change

The Center for Effective Interventions

42

---

---

---

---

---

---

---

---

## Challenges to Implementation

- Desire to do business differently
- “Off the Shelf” vs. Community-Specific
- “All politics is local” – need for champion

The Center for Effective Interventions

43

---

---

---

---

---

---

---

## Challenges to Implementation

- Personal, professional and economic self-interest
- Lack of resources?
- It's always the money, it's never the money
- Change is hard

The Center for Effective Interventions

44

---

---

---

---

---

---

---

## Contact Information

**David Bernstein, MSW**  
**Director**  
**The Center for**  
**Effective Interventions**  
**bernstei@mscd.edu**  
**303-352-4203**

---

---

---

---

---

---

---